



Annual 2008 VA/DoD Joint Venture Conference

El Paso Joint Venture

**Wm. Beaumont Army Medical Center and
El Paso VA Health Care System**

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Agenda



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- Brief Overview of sharing relationship
 - Describe one aspect of your sharing relationship that is most successful?
 - What is the sharing arrangement?
 - What makes it successful?
 - What are the reimbursement methodologies used?
 - What challenges/barriers occurred?
 - How were they solved?
 - Other Best Practices at the Joint Venture
 - Lessons Learned
 - Contact Information

Brief Overview of Sharing Arrangements



Joint Venture

- Executive Management Team (EMT) - Joint leadership
- NDAA IT project (Digital Imaging)
- Cardio thoracic Surgery (CTS) JIF
- Joint Sleep Lab
- Cooperative Separation Process/Exam (VBA)
- Joint Central Materiel Services (new)

WBAMC provides ELPVAHCS patient care:

- Emergency care
- Inpatient hospitalization
- Specialty care not available at ELPVA
- Reference Lab services
- Tumor Registry

ELPVAHCS provides WBAMC:

- Access to OR suites
- Use of CT as needed
- 8 VA residents for Internal Med GME program



What is Successful

What is the sharing arrangement?



ELPVAHCS and WBAMC have an overarching MOU with a five-year agreement period, to be reviewed annually.

The VA Form 10-1245c, VA-DoD Sharing Agreement covers basics and general legal issues.

There are 17 annexes that provide detailed information related to services, procedures, and responsibilities. The annexes are broken out into service areas (e.g. Discharge Planning, IT Procedures)



What is Successful

What makes it successful?



- Leadership committed to Joint Venture
- Open communication between the entities
- JV management structure
 - EMT: policy, guidance
 - Subcommittees:
 - Administrative
 - Reimbursement
 - Clinical
 - Work Groups/PATs as needed
- Looking to the Future



What is Successful

What are the reimbursement arrangements?



- El Paso JV complies with VA-DoD guidelines
- Inpatient: having issues with new itemized requirements.
- Outpatient: working fine.
 - WBAMC has contractor who has developed automated program that creates billings utilizing CHCS data.
- Electronic billing-reimbursement document exchange via restricted AKO folder.
 - Permits exchange of large files (>2MG)
 - Complies with HIPAA
 - Secure and only selected staff have access
 - Reimbursement Subcommittee (monthly)



What is Successful

What problems occurred? How were they solved?



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- Issue: Frustration related to ELPVA's inability to close out consults referred to WBAMC.
 - Situation: Assumptions made about needs when there were really different requirements. Needs not clearly communicated.
 - Solution: Have devised limited setup for dual access to CPRS and AHLTA
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- Issue: Staff reluctance to make change. Union "meddling" heating up the situation.
 - Situation: Developing new joint initiatives that will maximize JV resources. Rumor mill was working overtime.
 - Solution: Involved union in finalization of process agreement. Provided DRAFT information to involved staff. Had joint staff meeting with union participation to answer questions and concerns.



Other Best Practices at the Joint Venture



- Algorithms for ED to use to assist VABs
 - Medication Renewals & Refills
 - Homeless Veterans
 - ELPVA VAB Transfers to WBAMC
- VAB Handout for ED distribution
- Discharge Planning Flow Chart
- Sharing Provider contact info – both ways
 - Shared with clinical and appropriate administrative staff.
- ELPVA Provider Pagers (in process)



Lessons Learned



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- Give specifics regarding a situation to your JV partner.
 - Provides means to do audit-review of the issue.
 - Allows for work flow chart to be mapped .
 - Leads to development of workable solutions.
 - Eliminates concept of “you always do this”.
 - Helps erase the ‘elephant's memory’.
 - Involve the staff at the “boots on the ground” level
 - Ask for their ideas and suggestions.
 - Introduce staff counterparts.
 - Share direct contact information.
 - Arrange visits each other’s areas.
 - Acknowledge and answer their concerns about sharing.
 - Get their input before developing policy.
 - Involve AFGE when Bargaining Unit is involved.